

Electronic Filing System (EFS) Data  
Electronic Patent Application Submission  
USPTO Use Only

EFS ID: 17397  
Application ID: 10064871  
Title of Invention: DEVICE FOR AUTOMATICALLY  
FEEDING SOLUBLE FLUID  
TREATING AGENTS INTO A FLUID  
BODY  
First Named Inventor: Thomas Connelly  
Domestic/Foreign Application: Domestic Application  
Filing Date: null  
Effective Receipt Date: 2002-08-26  
Submission Type: Utility Patent Filing  
Filing Type: new-utility  
Confirmation Number: 0  
Attorney Docket Number: 717281.7  
Digital Certificate Holder: cn=Samuel Digirolamo, ou=Registered Attorneys, ou=Patent and  
Trademark Office, ou=Department of Commerce, o=U.S.  
Government, c=US  
Certificate Message Digest: uh2K/TQEK2PWnlrCg5VBlw==  
Total Fees Authorized: \$802.0  
Payment Category: DA - Deposit Account  
Deposit Account Number: 110160  
Deposit Account Name: Samuel Digirolamo





# TRANSMITTAL FORM

Electronic Version 1.0.3

Stylesheet Version: 1.0

Submission Type: Utility Patent  
Filing

Attorney Docket  
Number:

717281.7

## DEVICE FOR AUTOMATICALLY FEEDING SOLUBLE FLUID TREATING AGENTS INTO A FLUID BODY

First Named Inventor: Thomas V. Connelly Jr.

### SUBMITTED BY

Name:	Samuel Digirolamo
Registration Number:	29,915
Electronic Signature Mark: /Samuel Digirolamo/	Date Signed: 20020826

*I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.*

*I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.*

### Attached Files:

declaration	DEC1.tif
declaration	DEC2.tif

bibd-transmittal  
fee-transmittal  
us-information-disclosure-statement  
specification

7172817apds.xml  
7172817fee.xml  
7172817ids.xml  
Application.xml

Attached Image File(s):

DEC1.tif  
DEC2.tif

Comments:

Please type a plus sign (+) inside this box → ☒

PTO/SB/18 (08-00)

Approved for use through 10/31/2002 OMB 0651-0032

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted With Initial Filing <b>OR</b> <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	717281.7
	First Named Inventor	CONNELLY, Thomas V., Jr.
	<b>COMPLETE IF KNOWN</b>	
	Application Number	Not Yet Known
	Filing Date	FILED HEREWITH
	Group Art Unit	Not Yet Known
	Examiner Name	Not Yet Known

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DEVICE FOR AUTOMATICALLY FEEDING SOLUBLE FLUID TREATING AGENTS INTO A FLUID BODY

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SENT TO: Assistant Commissioner for Patents, Box Design, Washington, DC 20231

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label				27128		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <b>Samuel Digirolamo</b>							
Address <b>Blackwell Sanders Peper Martin LLP</b>							
Address <b>720 Olive Street, Suite 2400</b>							
City <b>St. Louis</b>				State <b>Missouri</b>		ZIP <b>63101</b>	
Country <b>USA</b>				Telephone <b>(314) 345-6000</b>		Fax <b>(314) 345-6060</b>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) <b>Thomas V.</b>				Family Name Or Surname <b>Connelly, Jr.</b>			
Inventor's Signature <i>Thomas V. Connelly, Jr.</i>				Date <b>8/23/02</b>			
Residence: City <b>Kirkwood</b>				State <b>MO</b>		Country <b>US</b>	
Citizenship <b>US</b>							
Mailing Address <b>4 Sugar Creek Trail</b>							
Mailing Address							
City <b>Kirkwood</b>				State <b>Missouri</b>		ZIP <b>63122</b>	
Country <b>US</b>							
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name Or Surname			
Inventor's Signature				Date			
Residence: City				State		Country	
Citizenship							
Mailing Address							
Mailing Address							
City				State		ZIP	
Country							
<input type="checkbox"/> Additional inventors are being named on the ___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

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# FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

*Patent fees are subject to annual revisions on or about October 1st of each year.*

Small Entity

Small Business Concern

**TOTAL FEES AUTHORIZED: \$ 802**

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 11-0160



Deposit Account Name: Blackwell Sanders Peper Martin LLP

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

## SUBMITTED BY

Authorized Name: Samuel Digirolamo  
 Electronic Signature Mark: /Samuel Digirolamo/  
 Date Signed: 20020826

## BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 370

Subtotal For Basic Filing Fee: \$ 370

## EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 40	203	\$ 9	20	\$ 180
Independent Claims: 9	202	\$ 42	6	\$ 252

10064871, 002602

Subtotal For Extra Claims Fees: \$ 432